



		CHECK ONE <input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> RENEWAL APPLICATION	
Name of Operator		Telephone Number	County
Residence Address		City	State Zip Code
Name of Owner		Telephone Number	County
Residence Address		City	State Zip Code
Name of Business			Telephone Number
Business Address		City	State Zip Code
Type of Business <input type="checkbox"/> Corporation <input type="checkbox"/> LLC			
Type of Equipment			Number of Servicing Units
PROPOSED AREA OF OPERATION - LIST COUNTIES ONLY			
Surety Bond Company			Bond Number
LICENSE FEE ENCLOSED			\$

STATE OF NORTH DAKOTA )  
 : ss.  
County of \_\_\_\_\_ )

**Signature of Applicant**

Cash MO or Ck#\_\_\_\_\_

## INSTRUCTIONS

Obtain a surety bond for \$1,000 to send in with your application for a pumper's license.

This application must be signed in front of a notary public.

Figure your license fee from the chart to the right. Obtain a postal money order, bank draft, or certified check payable to the State Department of Health to send in with your application.

Mail the application, surety bond, and license fee to:

NORTH DAKOTA DEPARTMENT OF HEALTH  
ACCOUNTING  
600 EAST BOULEVARD AVENUE  
BISMARCK, ND 58505-0200

## LICENSE FEES

### NORTH DAKOTA RESIDENT NEW APPLICATION

\$50.00 for one complete unit  
(including pump & transport)

\$15.00 each additional unit

### NORTH DAKOTA RESIDENT RENEWAL APPLICATION

#### BEFORE MARCH 1

\$15.00 per unit

#### AFTER MARCH 1

\$50.00 first unit

\$15.00 each additional unit

### NON-RESIDENT NEW APPLICATION

\$100.00 for one complete unit  
(including pump & transport)

\$50.00 each additional unit

### NON-RESIDENT RENEWAL APPLICATION

#### BEFORE MARCH 1

\$15.00 per unit

#### AFTER MARCH 1

\$100.00 first unit

\$50.00 each additional unit